Schedule B, Form 941 for 2005:

Report of Tax Liability for Semiweekly Schedule Depositors   Vision Draft 02/24/04

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Quarter (Check one.)

- [ ] **1:** January, February, March
- [ ] **2:** April, May, June
- [ ] **3:** July, August, September
- [ ] **4:** October, November, December

Employer identification number ___ ___ -- ___ ___ ___ ___ ___ ___ ___

Name (*not your trade name*)

Use this schedule to show your tax liability for the quarter; do not use it to show your deposits. You must fill out this form and attach it to Form 941 if you are a semiweekly schedule depositor or your tax liability on any day is $100,000 or more. Write your tax liabilities on the numbered space that corresponds to the date wages were paid. See *Publication 15, Circular E* for details.

Month 1

				Tax liability for Month 1
1 .	9 .	17 .	25 .	
2 .	10 .	18 .	26 .	.
3 .	11 .	19 .	27 .	
4 .	12 .	20 .	28 .	
5 .	13 .	21 .	29 .	
6 .	14 .	22 .	30 .	
7 .	15 .	23 .	31 .	
8 .	16 .	24 .		

Month 2

				Tax liability for Month 2
1 .	9 .	17 .	25 .	
2 .	10 .	18 .	26 .	.
3 .	11 .	19 .	27 .	
4 .	12 .	20 .	28 .	
5 .	13 .	21 .	29 .	
6 .	14 .	22 .	30 .	
7 .	15 .	23 .	31 .	
8 .	16 .	24 .		

Month 3

				Tax liability for Month 3
1 .	9 .	17 .	25 .	
2 .	10 .	18 .	26 .	.
3 .	11 .	19 .	27 .	
4 .	12 .	20 .	28 .	
5 .	13 .	21 .	29 .	
6 .	14 .	22 .	30 .	
7 .	15 .	23 .	31 .	
8 .	16 .	24 .		

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) = Total tax liability for the quarter ▶

(*Hint*: Total must = line 10 on Form 941)

Total liability for the quarter

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